

Application for Phytosanitary Certificate
 Plant Industry Division



| Description of consignment | | |
|--|----------------------------|--------------------------------|
| Name and address of exporter: | | Name and address of consignee: |
| Name of produce and quantity declared: | | Botanical name: |
| Number and description of packages: | | Distinguishing marks: |
| Place of origin: | | Declared means of conveyance: |
| | | Point of entry: |
| Fumigation and/or disinfection treatment (to be completed by inspector) | | |
| Date: | | Treatment: |
| Chemical (active ingredient): | | Duration and Temperature: |
| Concentration: | | Additional Information: |
| | | |
| Date of Application: | Applicant: (Print or type) | Signature of Applicant: |

Return by fax to 775-353-3638, Attn: Nick Bieser or email to nbieser@agri.nv.gov